



### APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Deep South Challenge Website URL: www.smscsoccer.com

Hosting Organization SMSC Type of Tournament:  Select  Recreational  Select & Rec

Designate Official of Hosting Organization John Charman Title Executive Director Phone (228) 563 0048 W

Address 21 Scott Station Cv Email execdirector@smscsoccer.com Phone ( ) \_\_\_\_\_ H

City Long Beach State MS Zip Code 39560 Phone ( ) \_\_\_\_\_ FAX

State Association or Affiliate MSA Guest Referees Applications Accepted  Yes  No

Location of Tournament or Games County Farm Soccer Complex, Gulfport Sportsplex **TEAM ENTRY DEADLINE:** Sept. 3, 2020

Date(s) of Tournament or Games Sept 11,12,13 Estimated # of Teams 120

Tournament or Games Director or Contact Person John Charman Phone 228 563-0048 W

Address 21 Scott Station Cv Email execdirector@smscsoccer.com Phone ( ) \_\_\_\_\_ H

City Long Beach State MS Zip Code 39560 Phone ( ) \_\_\_\_\_ FAX

Age Groups Accepted	Type(s) of Team Accepted *	B	G	Roster Size	# Guest Players Allowed	Length of Games	# Players on Field	Awards	Minimum # of Games	Entry Fee	Bond
U- 9	1/1/ Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	7	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U- 10	1/1/ Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	3	50	7	<input checked="" type="checkbox"/>	3	450	<input type="checkbox"/>
U- 11	1/1/ Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	9	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U- 12	1/1/ Academy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	3	60	9	<input checked="" type="checkbox"/>	3	500	<input type="checkbox"/>
U- 13	1/1/ Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 14	1/1/ Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	70	11	<input checked="" type="checkbox"/>	3	550	<input type="checkbox"/>
U- 15	1/1/ Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	80	11	<input checked="" type="checkbox"/>	3	600	<input type="checkbox"/>
U- 16	1/1/ Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	80	11	<input checked="" type="checkbox"/>	3	600	<input type="checkbox"/>
U- 17	1/1/ Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	80	11	<input checked="" type="checkbox"/>	3	600	<input type="checkbox"/>
U- 19	1/1/ Select	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	5	80	11	<input checked="" type="checkbox"/>	3	600	<input type="checkbox"/>

\*List of types of teams and tournaments is on reverse side of this form.

- RT RESTRICTED TOURNAMENT --Open only to members of US Youth Soccer and its State Associations.
- Team will be restricted to teams within the state association  Teams will be invited from all US Youth State Associations/Affiliates only.
- UNRESTRICTED TOURNAMENT** Other US Soccer Members as listed: US Club Soccer
- International
- Teams as listed: \_\_\_\_\_

The Hosting Organization agrees to be bound by and comply with the terms contained in the TOURNAMENT AND GAMES HOSTING AGREEMENT and all applicable rules of the approving State Association or Affiliate.

Signature of Designated Official of Hosting Organization John Charman Date June 30, 2020

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By Approved Date 7/6/20  
Paul Beard Title Prog Admin

